

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/671,106
APPLICANT(S)

FILED DATE

5-27-04 10-19-04 2-17-05 CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20	/	/	/	/	/	/
21	/	/	/	/	/	/
22		/		/		/
23		/		/		/
24		/		/		/
25	/	/	/	/	/	/
26	/	/	/	/	/	/
27	/	/	/	/	/	/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37	/	/	/	/	/	/
38		/		/		/
39		/		/		/
40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL NO.	3	1	3	1	3	1
TOTAL DEP.	16		13		14	
TOTAL CLAIMS	19		16		17	

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						